LIAMONIA55

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
(Address) (Address) (City/State/Zip	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ventana Harkoting JLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ventana Harketing ++C	
8300 SW 48th St Address Hiami, FL 33155 City/State and Zip Code	(NO . (FO . (FO
City/State and Zip Code rosmarlies @yahoo.com E-mail address: (to be ised for future annual report notification)	103 CO 10
For further information concerning this matter, please call:	
Harlies De Guardiola at (786) 343-1422 Name of Person Area Code Daytime Telepho	ne Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Status Status Status Status Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vandana Madratus +1C.

(Name of the Limited	Liability Company Florida Limited Lia)	on our records.)		-	
The Articles of Organization for this Limited Liab Florida document number	oility Company w	ere filed on \(\big \big _0	ay 21,20	15 and a	issigne	d
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited liabili	ty company here	:			
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the desi	ignation "LLC" or the a	bbreviation `	L.L.C	,—
Enter new principal offices address, if applicab	le:				<u> </u>	
(Principal office address MUST BE A STREET.	ADDRESS)					
Enter new mailing address, if applicable:				<u>・</u>	2015 MA	
(Mailing address MAY BE A POST OFFICE BO	OX)			i j	\sim	Parties.
B. If amending the registered agent and/or	registered offi	ce address on o	our records, <u>enter</u>	the nam	Sof t	heenev
registered agent and/or the new registered offic	e address here:			· ·	7	
Name of New Registered Agent:	Marlie:	s De G	uardiola			
New Registered Office Address:	8300 €	sw 48 5	+			
	Miami		uardiola + a street address , Florida_	3316	<i>5</i> 5	
		City		Zip Cod	le	
New Registered Agent's Signature, if changing Reg	<u>istered Agent:</u>					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
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	nest	Suite 600	Remove
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ffective date, in an effective date is	f other than the d s listed, the date must b	ate of filing: _	not be prior to da	te of filing or more	op than 90 days af	tional) ter filing.) P	ursuant to	
tote: If the date	inserted in this bloc ive date on the Dep	k does not meet	the applicable	statutory filing i	equirements, t	his date wi	ll not be	listed a
							دير سور کوين	7)
e record spec	ifies a delayed of after the recor	effective date	, but not ar	effective tin	ne, at 12:01	a.m. or	ithe e	arlier
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Page 3 of 3

Filing Fee: \$25.00